

MHSOAC

Mental Health Services Oversight and Accountability Commission

DRAFT

BRAINSTORMING CURRENT AND FUTURE MHSOAC EVALUATION EFFORTS

April 12, 2011

At the Evaluation Committee meeting on 4/20/11, the Committee will brainstorm ideas for future MHSOAC evaluations. Committee members are encouraged to bring any ideas that they have that are not currently identified. Following is a list of priorities that were previously identified that are **current** and **future** evaluation efforts that was compiled from prior Evaluation Committee discussions, RDA recommendations and other sources. These are not in any specific order. It is intended as a resource to assist the MHSOAC Evaluation Committee in brainstorming potential evaluation topics for the future. A prioritized list of recommended next steps will eventually be developed.

ISSUES INCLUDED IN CURRENT EVALUATION EFFORTS:

1. Provide a timely feedback loop on critical indicators that can be used in a local quality improvement process
2. Develop cost analysis and compare costs per person.
3. Determine a cost benefit analysis by measuring costs averted by quality mental health care
4. Measure family and consumer involvement in the MHSOAC and public community mental health system.
5. Conduct primary research using surveys, interviews, focus groups or other methodologies to determine impact of MHSOAC on consumers and their families.
6. PEI – Analyze available PEI data
 - Compile a summary of county evaluations completed and planned
 - Summarize lessons learned from review of county evaluations
 - Analyze PEI expenditures and local plans
 - Determine what PEI is funding.
7. Evaluation of disparities in access and outcomes,
 - To what extent to the demographics of the public mental health system match the demographics of the population of service users
 - Which populations are most vulnerable for continued underutilization of mental health services?
8. Analyze consumer outcomes for youth and transition-age youth from the Consumer Perception Survey
9. Develop cost-effectiveness models of consumer outcomes (youth, transition-age youth, adults and older adults).
10. Begin analysis of some Community indicators from California Mental Health Planning Council's document on Indicators.
11. Develop cost/benefit/outcome analysis. Design statistical analyses

- a. Produce cost and outcome data on services programs (Children, Adult and Older Adult Systems of Care (SOCs)
 - b. Analyze cost/benefit/outcome for FSP populations.
12. Using participatory research, determine impact of client and family member involvement throughout MHSA by obtaining client and family member perceptions through tools developed with client and family member participation, ensuring participation of traditionally unserved and underserved communities. Statistical analyses will be designed to analyze the information obtained by age, gender and ethnicity.
 13. Make recommendations on streamlining or eliminating current reports.

POTENTIAL FUTURE EVALUATION EFFORTS:

1. Analyze the intensity and type of services over time to achieve FSP outcomes for all populations
2. Evaluate impact of state and local stakeholder processes.
3. Evaluate to what extent is there a plan for and resources committed to engaging unserved and underserved populations
4. How well do proposed/implemented strategies respond to the unique needs of unserved and underserved populations, based on evidence from best and promising practices?
5. Are resources invested appropriately to enhance engagement of unserved and underserved populations.
6. Conduct primary research using surveys, interviews, focus groups or other methodologies to determine the extent to assess diverse population's perception of:
 - Respect for their social group
 - Comfort in service setting
 - Reason for attrition from services
7. Evaluate PEI statewide programs, eg. Stigma and disparity reduction, Student Mental Health Initiative, and Suicide Prevention, etc.
8. Ensure evaluation of all outcomes specified in the Act—7 negative outcomes, ASOC and CSOC.
9. Analyze public agency datasets to develop non-FSP individual outcomes regarding employment, education, child welfare, criminal justice involvement and suicide.
 - Potential data sources—Employment Development Department, California Department of Public Health, California Department of Education, Department of Justice and California Department of Social Services.
10. Evaluate expansion of client and family driven community mental health system.
 - Increases in client and family member employment
 - Expansion of client-run and self-help programs
 - Emphasis on community education and support through consumer and family organizations and community based organizations specializing in serving multicultural communities

- Increase in implementation of crisis residential programs
11. Develop cost-effectiveness models of consumer outcomes (youth, transition-age youth, adults and older adults).
 12. Compile a summary of county INN evaluations completed and planned and summarize lessons learned from review of county evaluations
 - o Analyze available data and INN expenditures and local plans
 - o Make recommendations on streamlining or eliminating any current reports.
 13. Analyze recovery outcomes of The Village.
 14. Evaluate strategies to manage the volatile MHSA funds
 - o What level of prudent reserve makes sense
 - o Other strategies for financial management.
 15. Survey the public on perceived impact of the MHSA.
 16. Determine impact of state administrative expenditures.
 17. Summary of status of and evaluation of impact of WET and CF/TN investments
 18. Extent to which the service experience of populations who are typically unserved or underserved are different from the service experience of other individuals receiving public mental health services.
 - o Analyze data on service utilization at the state and/or randomly selected county level to describe by population characteristics (including age, gender, language, geography as well as race/ethnicity
 - Number of one-time contacts without subsequent follow-up visits
 - Average number of outpatient vs. acute contacts
 - Average length of stay for hospitalizations
 19. Report describing the activities and impact of programs meant to improve consumer and family involvement at the state and/or county level.
 - o Engagement of consumer and family members—plan for and resources committed to engaging consumer and family members in planning and provision of mental health services
 - o Extent that contact experiences are enhanced through the impact of consumer and family member involvement in service provision.
 20. Analysis of MHSA values
 - o Recovery, wellness and resiliency orientation—design and implementation—plans, workforce, program services and approach
 - o Reduction of stigma and discrimination—are efforts to reduce these incorporated into all public mental health services and collaborative community and system partners
 - o Integration of Mental Health with Primary Care and Substance Abuse
 - o Integrated service experience of clients and family members
 - o Community partnerships and system collaborations
 21. Develop benchmarks as comparisons on critical variables.
 22. Analyze cost/benefit/outcome for broader SOC populations

23. Measure family and consumer involvement in the MHSA and public community mental health system to answer
 - a. What's been done
 - b. How was it done
 - c. What worked
 - d. What's been learned
24. How it leads to evolving MH system Assess impact of client and family member involvement on policy, outcomes (from client and family points of view), self-evaluation (satisfaction)
25. Measure if/how client and family member/stakeholder input has been used by counties
26. Evaluate expansion of client and family driven community mental health system
 - a. Increases in client and family member employment
 - b. Expansion of client-run and self-help programs for clients and families
 - c. Emphasis on community education and support through consumer and family organizations and community based organizations specializing in serving multicultural communities
 - d. Increase in implementation of crisis residential programs
27. Begin analysis of available data for PEI and INN components.
28. Determine impact of economic crisis on implementation of MHSA
29. Evaluate client outcomes for all ages consistent with CMHDA levels of care.
30. Determine what information evaluators would recommend.
31. Develop benchmarks for critical outcomes indicated in Act
32. Needs synthesis of Best Practices in program evaluation of public
33. Further analysis of MHSA values
34. Measure capacity for co-occurring disorders competency by county in FSP and non-FSP programs

OTHER ACTIVITIES RECOMMENDED TO SUPPORT EVALUATION:

1. PEI, INN--Provide guidance to counties on how to develop/implement successful evaluations
2. PEII, INN --Make recommendations on what data/reports counties should submit in the future
3. Develop and implement strategy for evaluation and implementation of impact of PEI
4. Ensure stakeholder engagement in evaluation
5. Establish a vision of evaluation based on information from the Electronic Health Records (EHR) that counties are implementing
6. Determine if programs are implemented as described in approved plans
7. Provide technical assistance to support for participating county evaluations
8. Support data cleaning, validation and management of critical databases. Make recommendations to improve data quality.

9. Develop a searchable database
10. Develop and implement strategy for improvement timeliness and quality of the data reporting and feedback system between the DMH and the county departments
11. Develop interactive website—develop website to support the data reporting and feedback system with for example
 - Dashboards and/or report cards
 - Technical support
 - Questions and comments
 - Needed forms
 - Helpful hints
 - Message boards
 - On-line discussion groups
12. Community Based Organizations that serve primarily underserved communities would need to be included with any consumer/family survey project as there are so few consumer and family organizations that work with underserved communities.
13. Design priority and methodological roadmap for future MHSOAC evaluations based on principles of continuous quality improvement.
 - a. Synthesis of best practices in program evaluation of public mental health systems,
 - b. Type of evaluative processes
 - c. Need better sense of what's useful, including how usable is the data
14. Develop recommendations for evaluation methodology and needed data/reports for evaluation of PEI and INN components.
15. Develop recommendations for evaluation/data submission for expansion of FSP services to populations that are less at risk than current priorities
16. Determine what information decision-makers need—what would be helpful—public, MHSOAC, stakeholders, administration, and legislature.
17. Conceptualize/design evaluation that would be used when counties implement Electronic Health Records (EHRs)
18. Oversight—Determine if programs are implemented as described in approved plans
19. Develop a roadmap--How to use to help inform/justify changes (quality-driven)